### Campaign Finance Tracking Form for Local Election Officials

Call OCPF with campaign finance questions at 617-979-8300 achel majore Candidate or Committee Report: Pre-Preliminary Pre-Election 30-Day / Year-End Organization / Providing Materials / Notification \* Organizational form provided to candidate or committee (M101, M101BQ, M101PC) Campaign finance report form provided to candidate or committee (M102) Summary of the campaign finance law provided (OCPF guide booklet) Filing notice (includes reporting dates, due dates and language concerning late fines) Pre-Preliminary \_\_\_\_Pre-Election \_\_\_\_30-Day \_\_\_\_Year-end \*All forms, guides and notices can be delivered by e-mail **Inspecting Reports** The campaign finance law requires local election officials to "inspect" M102 and M102-0 campaign finance reports within 30 days of a due date. Correct dates for the relevant reporting period Signatures Positive ending balance If the M102-0 form is filed, the candidate does not have a committees and has not received any contributions, made any expenditures or incurred any obligations during the reporting period, and does not have a campaign fund in existence. Contributions (Monetary receipts and in-kind contributions) Names and Addresses for contributions of more than \$50 Occupation and Employer for contributions of \$200 or more No contributions from corporations, business partnerships, LLCs or LLPs No contributions from individuals for more than \$1,000 (see OCPF's limits chart for other limits) **Expenditures** Vendor Names and Addresses for expenditures of more than \$50 Purpose information is disclosed Reimbursements form (R-1s) filed for reimbursements

Date of Inspection UL 17 2020

Pamela P. Fowers.



# Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

JAN 1 6 2020

CITY CLERKS OFFICE Fill in Reporting Period dates: Beginning Date: 10/19/2019 Ending Date: 12/31/2019 Type of Report: (Check one) 8th day preceding preliminary 8th day preceding election 30 day after election x year-end report dissolution Rachel Majore The Committee to Elect Rachel Majore Candidate Full Name (if applicable) Committee Name Northampton MA City Council Ward 7 Robert Gardner Office Sought and District Name of Committee Treasurer 392 Chesterfield Road, Leeds, MA 01053 392 Chesterfield Road, Leeds, MA 01053 Residential Address Committee Mailing Address E-mail: rmaiore@gmail.com E-mail: Rachel4Ward7@gmail.com Phone # (optional): (413) 341-3433 Phone # (optional): (413) 341-3433 SUMMARY BALANCE INFORMATION: Line 1: Ending Balance from previous report 1,743.71 Line 2: Total receipts this period (page 3, line 11) 250 Line 3: Subtotal (line 1 plus line 2) 1,993.71 Line 4: Total expenditures this period (page 5, line 14) 1,856.72 Line 5: Ending Balance (line 3 minus line 4) 136.99 Line 6: Total in-kind contributions this period (page 6) Line 7: Total (all) outstanding liabilities (page 7) 0 Line 8: Name of bank(s) used: Florence Savings Bank Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. Signed under the penalties of perjury: (Treasurer's signature) FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box only) Candidate with Committee I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. I have not received any contributions, incurred any liabilities nor made any expenditures on my behalf during this reporting period that are not otherwise disclosed in this report. Candidate without Committee I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this candidate in accordance with the requirements of M.G.L. c. 55. Signed under the penalties of perjury: (Candidate's signature)

#### SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

(A "Schedule A: Receipts" attachment is available to complete, print and attach to this report, if additional pages are required to report all receipts. Please include your committee name and a page number on each page.)

report an receipts.	Please include your committee name and a p	age number on	each page.)	
Date Received Name and Residential Address (alphabetical listing required)		Amount	Occupation & Employer (for contributions of \$200 or more)	
11/10/2019	DiMare, Chuck, PO Box 3333, Amherst, MA	2.		
10/20/2019	Grosso, Michael, 41 Indian Hill, Florence, MA	40		
10/19/2019	McKenna, Jenifer, 89 Florence Rd, Leeds, MA	100	consultant, self-employed	
10/19/2019	Skiathitis, 15 Chestnut Hill, Greenfield, MA	50		
10/19/2019	Swartz, Martha, 89 1/2 Florence Rd, Leeds, MA	15		
11/2/2019	Wilson, Dawa, PO Box 60312	20		
ine 9: Total Receipts	over \$50 (or listed above)	250		
ine 10: Total Receipts \$50 and under* (not listed above)		0		
	CEIPTS IN THE PERIOD seipts of \$50 and under, include them in line 9.	250 ←	Enter on page 1, line 2	

<sup>\*</sup> If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

# SCHEDULE A: RECEIPTS (continued)

AT TOTAL TOT		(continued)
Date Received Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
		The state of 3200 of more)
Line 9: Total Receipts over \$50 (or listed above)		
Line 10: Total Receipts \$50 and under* (not listed above)		
Line 11: TOTAL RECEIPTS IN THE PERIOD		
If you have itemized receipts of \$50 and under, include them in line 9.	Line 10 should	Enter on page 1, line 2

<sup>\*</sup> If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

#### SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.

(A "Schedule B: Expenditures" attachment is available to complete, print and attach to this report, if additional pages are required to report all expenditures. Please include your committee name and a page number on each page.

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
12/31/2019	ActBlue	PO Box 441146, Somerville, MA	transaction fees	2.5
11/18/2019	Campaigns that Win.com (CTW Ink LLC)	559 Main Street, Fiskdale, MA	printing	106.2
12/12/2019	Campaigns that Win, com (CTW Inc LLC)	559 Main Street, Fiskdale, MA	bulk mailing	1,324.4
10/30/2019	Daily Hampshire Gazatte	115 Conz St, Northampton MA	campaign ad	270
11/5/2019	JJ's Tavern	99 Main St Florence, MA	staff food	98.94
11/27/2019	Joe's Cafe	33 Market Street, Northampton, MA	volunteer food	54.52
	L	ine 12: Total Expenditures over	\$50 (or listed above)	1,856.72
	L	ine 13: Total Expenditures \$50 a	nd under* (not listed above)	0
. Osc. **	Enter on page 1, line $4 \rightarrow L$ ed expenditures of \$50 and under, in	ine 14: TOTAL EXPENDITUI	RES IN THE PERIOD	1,856.72

<sup>\*</sup> If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

## SCHEDULE B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	E B: EXPENDITURES (c		
	(a-parasetteri risting)	Address	Purpose of Expenditure	Amount
			7.	
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			The Committee of the Co	VIII VEITEL MEEL
				-
				6
				Market Control of the
	T .	10 F		
	Line	12: Expenditures over \$50 (or	listed above)	0
	Line	13: Expenditures \$50 and unde	er* (not listed above)	0
	Enter on page 1, line 4 → Line			
you have itemized	expenditures of \$50 and under, include	le them in the 12 and 1	ES IN THE PERIOD	1,856.72

<sup>\*</sup> If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

# SCHEDULE C: "IN-KIND" CONTRIBUTIONS

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and included in line 16 on page 1.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
			,	
	L	ine 15: In-Kind Contributions ov	ver \$50 (or listed above)	
	34	ine 16: In-Kind Contributions \$50		
		ine 17: TOTAL IN-KIND CON		

<sup>\*</sup> If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.

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## SCHEDULE D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.

Date Incurred	To Whom Due	Address	Purpose	Amount
	Enter on page 1, line $7 \rightarrow 1$	Line 18: TOTAL OUTSTAND	OING LIABILITIES (ALL)	0